SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEL	IVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: SdSn CHAIPMAN, PRESIDENT WELLS FARGO & COMPANYO SAN FRANCISCO 	A. Signature X B. Received by (Printed Name) List delivery address different from iter If YES, enter delivery address below 3. Service Type Registered Return Receiver address different from iter Co.D. 4. Restricted Delivery? (Extra Fee)	w:
2. Article Number 7010 1060	0 0002 0234	7595
PS Form 3811, February 2004 Domestic Reti	urn Receipt	102595-02-M-1540

595	U.S. Postal Service TM CERTIFIED MAIL TM RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) For delivery information visit our website at www.usps.com Output Description:			
<u></u>	OFF	ICIAL	USE	
J 2 3 4	Postage	\$		
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000	Return Receipt Fee (Endorsement Required)	,	Postmark Here	
	Restricted Delivery Fee (Endorsement Required)			
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7010	Sent To			